

STATE OF MAINE

DISTRICT COURT

Location \_\_\_\_\_

Docket No. \_\_\_\_\_

In re: \_\_\_\_\_  
Petitioner

**REQUEST FOR APPOINTMENT OF  
COUNSEL FOR EMANCIPATION  
PETITION**

I, \_\_\_\_\_, am \_\_\_\_\_ years of  
age. My date of birth is \_\_\_\_\_.

The names and addresses of my parents, guardians or custodians are:

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

I desire to petition this court for an order of emancipation. I request this court to appoint an attorney to petition for my emancipation.

Date: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Address

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**ORDER**

The court appoints \_\_\_\_\_  
to represent the Petitioner named above in an emancipation proceeding pursuant to 15 M.R.S.A.  
§ 3506-A.

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge